Name in Full: Benjamin F. Barking

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bryantown — County: Charles

Date of death 190# — Month: May — Day: 27 — Age: Years 76 — Months — — Days —

Sex: male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Barking

Father's Name: Benjamin F. Barking — Father's Birthplace: Md

Mother's Maiden Name: Mary Teresa Sims — Mother's Birthplace:

Name of person giving Information: James M. Barking — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN ~~OR CORONER~~

Primary: Carcinoma of the face — How long: 20 yrs

Immediate: Exhaustion — How long: 3 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis C. Carrico M.D.

Address: Bryantown, Md.

Accident or Suicide? ~~Accident or Suicide~~

LIBRARY BUREAU A88016

F. L. Lenz

Name in Full

Rebecca Brown

Certificate of Death

Died at Town: Mount Lanier County: Charles MARYLAND

Date 1904 Month: 5 Day: 2 | Age Y. 22 M. D. | Native of | Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower ~~Number of children living~~ None

~~Husband~~ Wife J. Walter Brown

Father's Name Henry Biddle Mother's Maiden Name Evelina Goldie Bondley

Cause of Death: Primary Tuberculosis — How long sick 8 - 9 mos.

Immediate — Accident, Suicide, Homicide

Reported by W. L. Haydon, Mayfield

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Name in Full: Mary Perline Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Alton — County: Charles

Date of death 1904: Month: May — Day: 5th — Age: Years: 3 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed — Occupation

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John L. Butler — Father's Birthplace: Charles Co. Md

Mother's Maiden Name: Mary Julia Proctor — Mother's Birthplace: " " "

Name of person giving In formation: John L Butler — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 weeks

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of: Peter W Roby. Sub. Registrar

Address: Bel Alton Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Infant 9 days old Not Named

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Riverside — County: Chas.

Date of death: 1904 — Month: May — Day: 23 — Age: Years: 9 days — Months: — Days: 9

Sex: male — Color or Race: white — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas. T. Chandler — Father's Birthplace: Md

Mother's Maiden Name: Mamie Hazelip — Mother's Birthplace: Md

Name of person giving Imformation: Chas. T. Chandler — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Probably, Trismus — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S. H. Heaton

Address

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Ellen Cobey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eglow Hill / Grays Corner; County: Charles

Date of death 1904: Month: May; Day: 4th; Age: Years: 61; Months: -; Days: -

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: O; Where Residing if not at place of death:

Married, Single or Widowed; Name of Wife or Husband:

Father's Name: Wm. D. Cobey; Father's Birthplace:

Mother's Maiden Name: Catherine Gray; Mother's Birthplace: Md

Name of person giving Imformation: V. G. 93; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia Complicated with Typhoid Condition; How long: 28 days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. H. Peake

Address: Godfrey Md.

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Susie Dalcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Grass Roots — County: Charles

Date of death: Month: May — Day: 31 — 1904

Age: Years: 27 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Dalcher — Father's Birthplace: Md.

Mother's Maiden Name: Jane Marshall — Mother's Birthplace: Md

Name of person giving Information: John Dalcher — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercalosis Pulmnary — How long: over a year

Immediate: Chiedbirth — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. H. Speake M.D.

Address: Grayton.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John Garnery Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Faulkner — County: Charles

Date of death: Month: May. — Day: 22 — Years: 1904 — Age: 17 — Months — Days

Sex: Male — Color or Race: African — Birthplace: Charles Co

Occupation: Farm Helper — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Mathias Dyson — Father's Birthplace: Charles Co.

Mother's Maiden Name: Mary Jane Campbell — Mother's Birthplace: Charles Co.

Name of person giving Imformation: Mathias Dyson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Tuberculosis — How long: 3 Months.

Immediate: Asthenia — How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Turner M.D.

Address: Bel Aeon Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68310

Name in Full: Belle Gutrick

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Welcome — County: Chas

Date of death 1904 — Month: 5 — Day: 30 — Age: Years: 22 — Months: 2 — Days: —

Sex: Female — Color or Race: Black — Birthplace: Chas Co Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Ben Gutrick

Father's Name: — Posey — Father's Birthplace: Chas Co Md

Mother's Maiden Name: — Eliza Posey — Mother's Birthplace: " " "

Name of person giving information: James Vincent — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 5 mos

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: none attending

Address: [redacted]

Accident or Suicide?

PHYSICIAN OR CORONER

W. [redacted] Brawner

Esq Reg

Name in Full: Emma A Hardy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near White Plains — County: Charles

Date of death: 1904 — Month: May — Day: 15 —

Age: Years: 47 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: C.W. Hardy

Father's Name: Geo. Rowe — Father's Birthplace: Md

Mother's Maiden Name: Sparks — Mother's Birthplace: Md

Name of person giving Information: Leo Middleton — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of the Lungs — How long: Two Years

Immediate: Grippe — How long: Two months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. O. Mowry

Address: Waldorf, Md.

~~Accident or Suicide~~?

LIBRARY BUREAU ABU016

Name in Full: Mary Klustock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wyeday County: Charles

Date of death: 1904 Month: May Day: 19

Age: Years: 70 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Germany

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: John Klustock

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: John Klustock

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: 1 year

Immediate: Dobt. John

How long: Short while

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. D. Thomas M.D.

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A888-18

Name in Full — Certificate of Death

Mrs. Zora S. Lancaster

Died at Town: Fairfax County: Charles — MARYLAND

Date 1904	Month: May	Day: 27	Age: Y. 59 M. – D. –	Native of: Md	Occupation: Housewife

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — Married / Single / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: Many

Husband / Wife of: ~~Daniel~~ G. Lancaster

Father's Name: Henry Mattingly — Mother's Maiden Name: Elizabeth Dent

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 7 Months

Immediate: Asthenia & Cardiac Fatty — Accident, Suicide, Homicide

Reported by: C. T. Cecil M.D.

Address: Newport Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806

Name In Full

Certificate of Death

Charles Philip Lynch

Died at Hoeg Springs (Town) Charles (County) MARYLAND

Date 1904 Month May Day 16	Age Y. 8 M. 6 D.	Native of Md	Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name John B. Lynch

Mother's Maiden Name Ellen Durant

Cause of Death — Primary: La Grippe — Immediate: Pneumonia — How long sick: 10 Days

~~Accident~~, Suicide, Homicide

Reported by C. L. Cecil M.D.

Address Newport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Tilday Merkle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galena — County: Kent

Date of death: Month: May — Day: 14 — Years: 84 — Months — Days

Sex — Color or Race: C — Birthplace: Md

Occupation: Wife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: James Merkle

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: J. J. Thompson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1/64

Primary: Old age — How long

Immediate: Heart failure — How long: Short while

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above: Yes

Signature of Physician: J. O. Thomas

Address: Waldorf Md

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: Mary C. Mason

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bel Alton; County: Charles

Date of death 1904: Month: May; Day: 7; Age: Years: 38; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Charles Co. Md

Married, ~~Single~~ Widowed: Married; Occupation: Housewife

Name ~~of Husband~~: Charles A Mason

Father's Name: Stannie Butler; Father's Birthplace: Charles Co.

Mother's Maiden Name: Febie Newman; Mother's Birthplace: Prince Georges Co.

Name of person giving In formation: Charles A Mason; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Insuf. Mit Insuf. Mit + Aort. Insuf.; How long: 2 Months

Immediate: Pneumonia Coronary Art.; How long: few seconds

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E Farmer

Address: Bel Alton

Chas. Co. Maryland

Accident or Suicide?

8

LIBRARY BUREAU ACCESS

Name in Full: Eliza Mankin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Grayton — County: Charles

Date of death: Month: May — Day: 7 — Years: 79 or 80 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation — Where Residing if not at place of death

~~Married, Single~~ or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza Mid Pneumonia — How long: 9 or 10 days

Immediate: General break down of System by age — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S H Speake MD

Address: Grayton

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Catharine Dorothy Milton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bel Alton — County: Charles

Date of death: Month: May — Day: 31 — Year: 1904 — Age: Years: 10 — Months: 5 — Days: —

Sex: Female — Color or Race: Caucasian — Birthplace: Bel Alton

Occupation: Sales Lady — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles H. Milton Jr. — Father's Birthplace: Baltimore

Mother's Maiden Name: Jane D. Maddox — Mother's Birthplace: Bel Alton

Name of person giving Imformation: Harry Milton — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmon. Tuberculosis — How long: 2 years

Immediate: Asthenia & Dyspnia — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: Bel Alton

Charles Co. Md.

Accident or Suicide?

LIBRARY BUREAU A69910

Name in Full: Roderick G Milstead

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chicamuxen; County: Charles

Date of death: Month: May; Day: 5; Year: 1904; Age: Years: 48; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Charles co Md

Occupation: Farmer; Where Residing if not at place of death: Chicamuxen

Married, Single or Widowed: ; Name of Wife or Husband: Jannie Milstead

Father's Name: W. W. Milstead; Father's Birthplace: Charles Co

Mother's Maiden Name: Ann Speake; Mother's Birthplace: / / /

Name of person giving Information: Worthy W Milstead; How related to deceased: Half Bro

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental 166; How long:

Immediate: By Horse Running away; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximilian Clements

Address: Sub Regt

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Robt. Thos. Morris

Certificate of Death

Town

Hill Top

County

Charles

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
May	3	61	-		Chas Co	Farmer

Date 1904

Age

Male ~~Female~~ Colored ~~White~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

Husband ~~Wife~~ of Mary E. Morris

Father's Name Robert Morris

Mother Name Caroline Morris

Cause of Death — Primary: Cardiac Asthma

Immediate: Heart failure

How long sick About 6 months

Accident, Suicide, Homicide

Reported by Jno. T. Digges M D

Address Port Tobacco Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Mary E. Murphy

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Spring Hill — County: Charles

Date of death 1904 — Month: May — Day: 4th — Age: Years 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: ~~Charles Co~~ Prince Geo. Co

Married, Single or Widowed: Widowed — Occupation: —

Name of Wife or Husband: Patrick A Murphy

Father's Name: Dixon — Father's Birthplace: Prince Geo Co

Mother's Maiden Name: Mary Mudd — Mother's Birthplace: Pr George "

Name of person giving information: E. A Murphy — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of Heart. — How long

Immediate: Dropsy & exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos. S. Queen

Address: La Plata Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66516

Name in Full: Thos L. Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mattawoman — County: Charles Co

Date of death: Month: 5 — Day: 21 — Year: 1904 — Age: Years: 24 — Months — Days

Sex: male — Color or Race: White — Birthplace: Md

Occupation: Carpenter — Where Residing if not at place of death: of Mattawoman

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John F Murray — Father's Birthplace: Md

Mother's Maiden Name: Eda Jenson — Mother's Birthplace: Md

Name of person giving Imformation: John F Murray — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis (Pulmonary) — How long: about 12 mo

Immediate: Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: J.B. Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Jim Sanders

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Cross Roads; County: Charles

Date of death: 1904 Month: May Day: 29

Age: Years: Still Born; Months; Days

Sex: Male

Color or Race: Black

Birthplace: Charles

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: Robert Sanders

Father's Birthplace: Charles co

Mother's Maiden Name: Susie Satcher S.

Mother's Birthplace: Charles co

Name of person giving information: John Satcher

How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Maximilian Clements

Address: Sub Register

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: David Smoot

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: La Plata — County: Charles

Date of death 1904 — Month: May — Day: 9 — Years: Age 65 — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: Charles Co

Married, Single or Widowed: married — Occupation: Farmer ~~Hotel Keeper~~

Name of Wife or Husband: Josephine V Smoot

Father's Name: John Smoot — Father's Birthplace: Charles Co

Mother's Maiden Name: Mary E Posey — Mother's Birthplace: Charles Co

Name of person giving In formation: Posey & Hayden — How related to deceased: half brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer & complications — How long: —

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: {John T Briggs M.D. / Thos S. Owen M.D.

Address: La Plata Md

~~Accident or Suicide?~~

LIBRARY BUREAU A69516